

# ProviderOne Claim Adjustment/Void

Date: January 2013

#### After this presentation you will be able to

- Know when to adjust versus voiding a claim.
- ➤ Learn the time period allowed to resubmit, modify, and adjust a claim in ProviderOne.
- Know how to read the ProviderOne Transaction control number (TCN) claim number.
- Understand the three methods of submitting an adjustment:
  - ✓ Electronic (HIPAA Batch)
  - ✓ Direct Data Entry (DDE)
  - ✓ Paper



#### Know when to adjust VS voiding a claim

- > Adjust/Replace a paid claim when:
  - ✓ A billing error was made
  - ✓ The claim contained multiple surgical procedure codes
  - √ The claim was over paid (could also be a void)
- ➤ Void a <u>paid</u> claim when:
  - ✓ The claim was billed incorrectly
  - ✓ The claim was over paid

**Note:** Denied claims simply need to be rebilled. You can not adjust a denied claim



#### Time limits for claims in ProviderOne

- > Professional, Dental, and Institutional claims:
  - ✓ Must be submitted within 12 months of the date of service.
  - ✓ Can be resubmitted, modified, or adjusted for a period of 24 months from the DOS (with reference TCN).
- Medicare Crossover claims:
  - ✓ Must be submitted within 6 months of the Medicare process date.
  - ✓ Can be resubmitted, modified, or adjusted for a period of 12 additional months (with reference TCN).
- Pharmacy claims
  - ✓ Must be submitted within 12 months of the date of service.
  - ✓ Can be resubmitted, modified, or adjusted for a period of 15 months from the DOS (with reference TCN).

## How to read the ProviderOne Transaction Control Number (TCN)

- ➤ ProviderOne will assign an 18 digit Transaction Control Number (TCN) to each claim received.
  - ✓ The TCN is part of the information sent to providers on their Remittance Advice (RA).
  - ✓ This number is also referred to as a "Claim Number".
- ➤ Each of the 18 digits of the TCN has a reserved meaning. (Breakdown of the TCN is shown on next slide).

**Note:** The TCN will be used to determine timeliness of a claim.



#### How do I read a TCN?

1<sup>st</sup> digit-Claim Medium Indicator

- 1-paper
- 2-Direct Data Entry
- 3-electronic, batch submission
- 4-system generated (Credits/Adjustment)

2<sup>nd</sup> digit-Type of claim

• 0-Medical

2-Crossover or Medical

3<sup>rd</sup> thru 7<sup>th</sup> digits-date claim was received

- 3<sup>rd</sup> and 4<sup>th</sup> digits are the year
- 5<sup>th</sup>, 6<sup>th</sup> and 7<sup>th</sup> digits are the Julian Calendar day it was received

Example TCN:301210465325134000

3-electronic submission via batch

0-medical claim

12-year claim was received, 2012

104-day claim was received, April 13th

#### Submit adjustments/voids in ProviderOne

- ProviderOne allows three different methods to submit adjustments/replacement claims.
  - ✓ Electronic HIPAA batch
  - ✓ Direct Data Entry (DDE)
  - ✓ Paper (least preferred method)
- Providers can use these same methods to void a paid claim.
- ➤ These methods will be discussed on the next slides.



### How to submit electronic (HIPAA) adjustments/voids

- ➤ Submit a HIPAA batch transaction claim using a Claim Frequency Type Code 7 to adjust/replace the original claim or a Claim Frequency Type Code 8 to void the original claim.
- ➤ Follow companion guides rules for submitting Claim Frequency Type Code 7, adjust claim or 8, void claim transactions.
- > For EDI questions please email <a href="mailto:hipaa-help@hca.wa.gov">hipaa-help@hca.wa.gov</a>

### How to submit Direct Data Entry (DDE) adjustments/voids

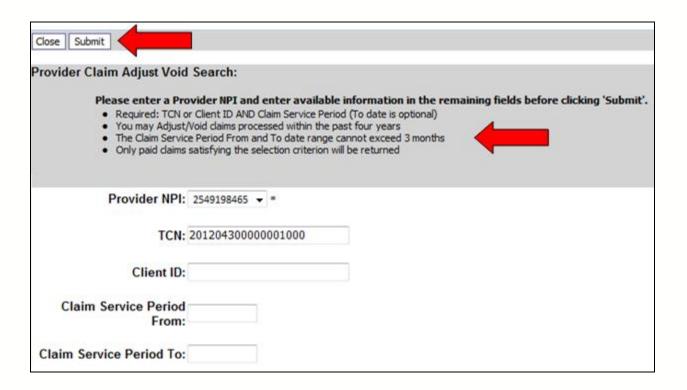
- ➤ Log into ProviderOne using one of the following profiles:
  - **✓ EXT Claims Submitter**
  - ✓ EXT Claims Submitter/Eligibility Checker
  - **✓ EXT Super User**
- > From the Provider Portal choose the option "Claim Adjustment/Void".





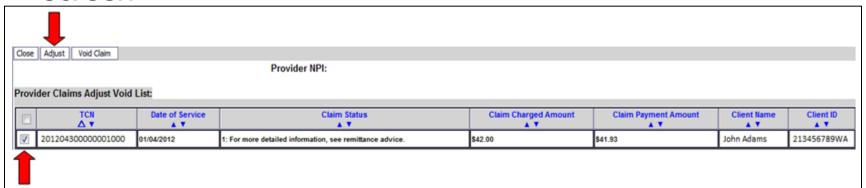
## How to submit Direct Data Entry (DDE) adjustments

➤ Enter one of the required search options. Once entered click on the "Submit" button.



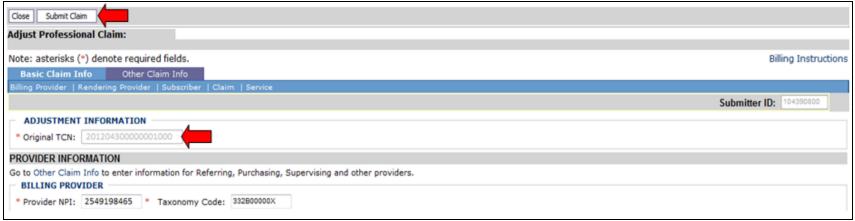
### How to submit Direct Data Entry (DDE) adjustments

- > Claim/s will appear on a gridded list.
- Depending on what search criteria was used multiple claims could be listed.
- > Put a checkmark next to the TCN number of the claim to correct.
- Click on the "Adjust" button on the top left corner of the screen.



## How to submit Direct Data Entry (DDE) adjustments (Claim Level)

- ➤ The DDE screen will be displayed filled out with the claim data that was originally received on the claim.
- > Original TCN of claim being corrected will be displayed in first field of the claim form.
- ➤ If corrections are needed at the claim level and not at the line level area of the claim, make those changes and click on the "Submit Claim" button in the top left corner.



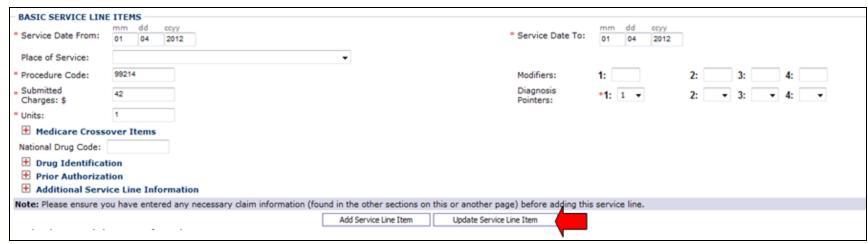
## How to submit Direct Data Entry (DDE) adjustments (Line Level)

- ➤ If corrections need to be done at the line level of the claim click on the "Line No(umber)" of the service line that needs corrected.
- ➤ If you need to delete a service line permanently from the claim click on the "Void" option at the end of the service line.

Line No	Service Dates		D	Mod	Modifiers				Diagnosis Pntrs			Submitted	Units	PA	
	From	To	Proc. Code	1	2	3	4	1	2	3	4	Charges	Units	Number	
1	01/04/2012	01/04/2012	99214					1				42	1		Void or Other Service Info
2	01/04/2012	01/04/2012	99222					1				42	1		Void or Other Service Info

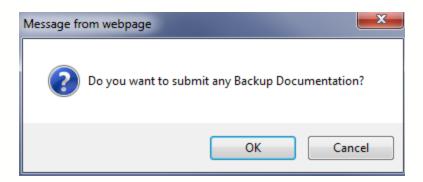
## How to submit Direct Data Entry (DDE) adjustments (Line Level)

- > Service line data will be populated in the "Basic Service Line Items" section of the claim.
- Correct the data boxes needing changing.
- Click on the "Update Service Line Item" button to update the line on the claim.
- Once all updates have been completed click the "Submit Claim" button in the top left corner of screen.



#### How to submit Direct Data Entry (DDE) adjustments

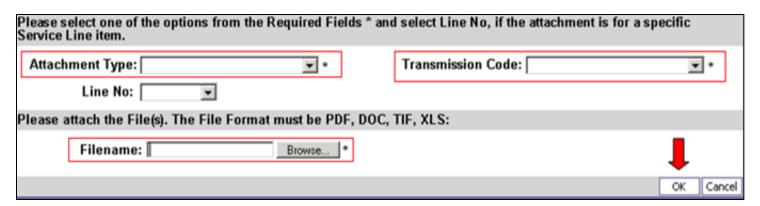
- ➤ If the "Pop Up Blocker" is turned off you will see this message from the system. (The box appearance depends on the version of the internet browser but the message is the same).
- Click on "Ok" to add any backup documentation.
- > Click on "Cancel" if no backup documentation needs to sent.



**Note:** Original backup will not be attached from the original claim to new claim. Please submit the backup with every claim submitted.

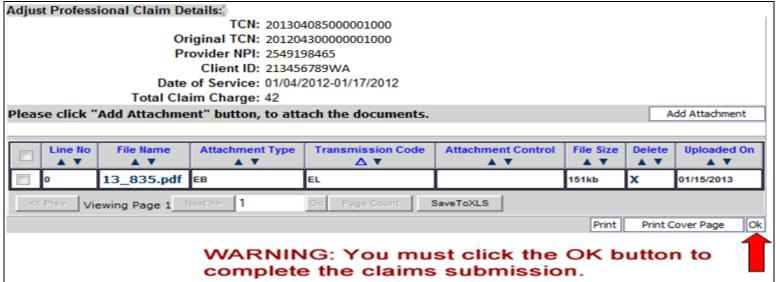
## How to submit Direct Data Entry (DDE) adjustments (<u>Electronic backup</u>)

- ➤ If the "OK" button was clicked the "Claims Backup Documentation" page is displayed. The following fields need to be filled in:
  - ✓ Attachment Type (what are you sending?)
  - ✓ Transmission Code (EL for electronic)
  - ✓ Filename (browse your system to find the document)
  - ✓ Click on the "OK" button



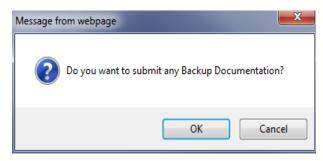
## How to submit Direct Data Entry (DDE) adjustments with (<u>Electronic backup</u>)

- ➤ The "Submitted Professional Claim Details" page is then displayed.
  - ✓ Backup will already be displayed under the "Attachment List" section.
- > Push the "OK" button to submit the claim.

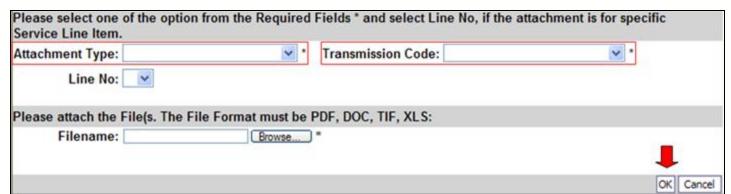


### How to submit Direct Data Entry (DDE) adjustments (Mailing or Faxing backup)

If the "OK" button was clicked the "Claims Backup Documentation" page is displayed.

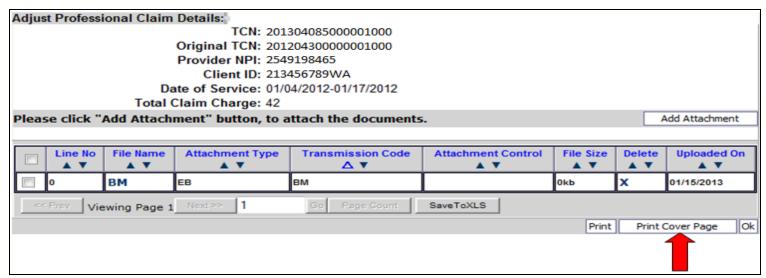


- The following fields need to be filled in:
  - ✓ Attachment Type
  - ✓ Transmission Code
  - ✓ Then click the "OK" button



### How to submit Direct Data Entry (DDE) adjustments (Mailing or Faxing backup)

- ➤ The "Submitted Professional Claim Details" page is then displayed.
  - ✓ Backup will be displayed under the "Attachment List" section.
- ➤ If sending in paper documents with the claim click on the "Print Cover Page" button.



#### How to submit Direct Data Entry (DDE) adjustments (Mailing or Faxing backup)

> Fill in the boxes with the appropriate information. Click outside each box to expand the bar code. When completed click on the "Print **Cover Sheet"** and send with BU to:

Fax 1-866-668-1214

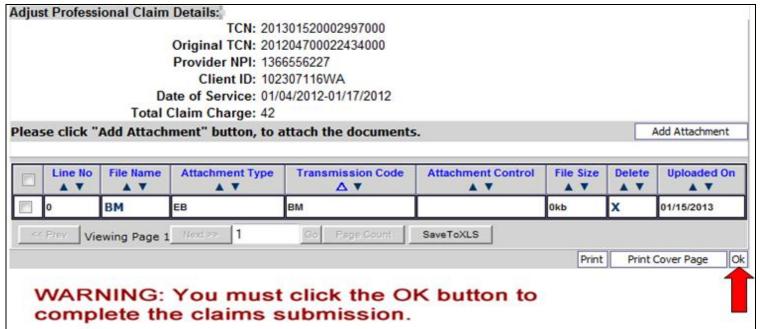
#### OR

Electronic Claim Back-up **Documentation** PO BOX 45535 Olympia, WA 98504-5535



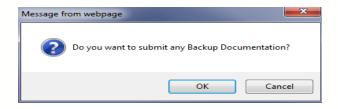
## How to submit Direct Data Entry (DDE) adjustments (Mailing or Faxing backup)

- ➤ The "Submitted Professional Claim Details" page is then displayed again.
  - ✓ Backup will be displayed under the "Attachment List" section.
- > Push the "OK" button to submit the claim.



#### **How to submit Direct Data Entry (DDE)** adjustments (No backup)

> The "cancel" button was selected as no backup is being sent.



- > The "Submitted Professional Claim Details" page is then displayed.
- > Push the "OK" button to submit the claim.



## How to submit Paper Claim adjustments (CMS-1500)

- > CMS-1500: In field 22 enter:
  - ✓ To adjust the claim enter the Claim Frequency Type Code 7 and the transaction control number (TCN).
  - ✓ To void the claim enter the Claim Frequency Type Code 8 and the transaction control number (TCN).
  - ✓ Example: 7-300629600000340000 (replace/adjust).

	Adjust/Replace a Paid Claim	Void/Cancel a Paid Claim					
Professional	Adjust a Professional claim (CMS-1500)	Void a Professional claim (CMS-1500) by					
Claims	by entering the claim frequency type code	entering the claim frequency type code 8 then					
	7 then the TCN in field #22 (Medicaid	the TCN in field #22 (Medicaid Resubmission					
	Resubmission Code).	Code).					
	Example:	Example:					
	22. Medicaid Resubmission Code Original Ref No.	22. Medicaid Resubmission Code Original Ref No.					
	300629600000340000	8 300629600000340000					

## How to submit Paper Claim adjustments (2006 ADA Claim Form)

- > 2006 ADA Claim form: in the remarks field 35 enter:
  - ✓ To adjust the claim enter the Claim Frequency Type Code 7 and the transaction control number (TCN).
    - Example: 7-300629600000340000 (replace/adjust)
  - ✓ To void the claim enter the Claim Frequency Type Code 8 and the transaction control number (TCN).

	Adjust/Replace a Paid Claim	Void/Cancel a Paid Claim
Dental	Adjust a dental claim by entering the	Void a dental claim by entering the claim
Claims	claim frequency type code 7 then the TCN	frequency type code 8 then the TCN in field
	in field 35 (Remarks)	35 (Remarks)
	Example:	Example:
	7-300629600000340000	8-300629600000340000

## How to submit Paper Claim adjustments (UB-04 Form)

#### > UB-04 form:

- ✓ To adjust the claim enter a 7 as the last digit of the type of bill in form locator 4.
- ✓ To void the claim enter a 8 as the last digit of the type of bill in form locator 4.
- ✓ Enter original transaction control number (TCN) in form locator 64.
  - Example: 7-300629600000340000 (replace/adjust)

	Adjust/Replace a Paid Claim	Void/Cancel a Paid Claim
Institutional	To adjust or replace an institutional claim,	To void or cancel an institutional claim,
Claims	submit 7 as the last digit of the Type of Bill.	submit 8 as the last digit of the Type of Bill.
	Put the TCN of the claim to adjust in form	Put the TCN of the claim to adjust in form
	locator 64.	locator 64.
	Example 7-300629600000340000	Example 8-300629600000340000
	•	•

#### **Additional Resources**

- ➤ Information about how to fill out each standard paper claim form for use as an adjustment/void can be found:
  - ✓ In the ProviderOne Billing and Resource Guide <a href="http://hrsa.dshs.wa.gov/billing/providerone billing and resource guide.html">http://hrsa.dshs.wa.gov/billing/providerone billing and resource guide.html</a>
  - ✓ Very specific claim information may be found in each program specific billing instructions located at:

http://hrsa.dshs.wa.gov/billing/bi.html

